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CONFIRMATION NO. 4907

<b>SERIAL NUMBER</b> 09/893,244	<b>FILING OR 371(c) DATE</b> 06/27/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> SNRON.18CP1DV1
<b>APPLICANTS</b> Barry S. Fogel, Waban, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/193,892 11/18/1998 PAT 6,294,583 which is a CIP of 09/006,641 01/13/1998 PAT 5,952,389				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/17/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 70
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 20995				
<b>TITLE</b> METHODS OF TREATING TARDIVE DYSKINESIA AND OTHER MOVEMENT DISORDERS				
<b>FILING FEE RECEIVED</b> 1449	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	